

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Annual Report on the Public Health Portion of the Nebraska Health Care Funding Act (LB 692)

**Presented to the
Governor and the
Health and Human Services Committee
of the Legislature**

**Office of Public Health
Health Services
Department of Regulation and Licensure**

December 1, 2005

The 2001 Nebraska Health Care Funding Act (LB 692) provided funds for the development of local public health departments. Each of the local public health departments that receives these funds must prepare an annual report that covers the fiscal year July 1, 2004 to June 30, 2005. These reports attempt to document how the funds have been used to provide the essential public health services under the core public health functions. The purpose of this report is to summarize the key findings of the individual reports.

The report is divided into three sections. The first section reviews the changes in the organizational coverage as well as the funding and expenditure levels for each eligible department. The second section describes the activities and programs provided by local health departments under each of the ten essential public health services. The final section tells some short stories about how local public health departments are improving the lives of people in their communities.

Organizational Coverage

As of June 30, 2005, a total of 18 local public health departments covering 91 counties were eligible to receive funds under the Health Care Funding Act. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Although Dakota and Scotts Bluff Counties have single county health departments, they do not meet the eligibility requirements of the Health Care Funding Act and staff from the Office of Public Health continue to work toward the goal of having all counties covered by a local public health department under the LB 692 umbrella.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible local public health departments. The total amount of funds ranged from \$1,116,935.42 for the Douglas County Health Department to \$168,780.62 for the Northeast Nebraska Public Health Department. Infrastructure funding was based on the population. The departments that had 100,000 people or more received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000 and departments that had 30,000 people but fewer than 50,000 received \$100,000. Per capita funds were distributed at \$2.00 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. The funding levels for local health departments were greater than the funds distributed from LB 692 because several projects were funded from several sources. As expected, expenses for personnel and benefits accounted for almost 62 percent of the total expenses. The next largest expenditure category was contractual, but these expenses represented a little less than ten percent of the total.

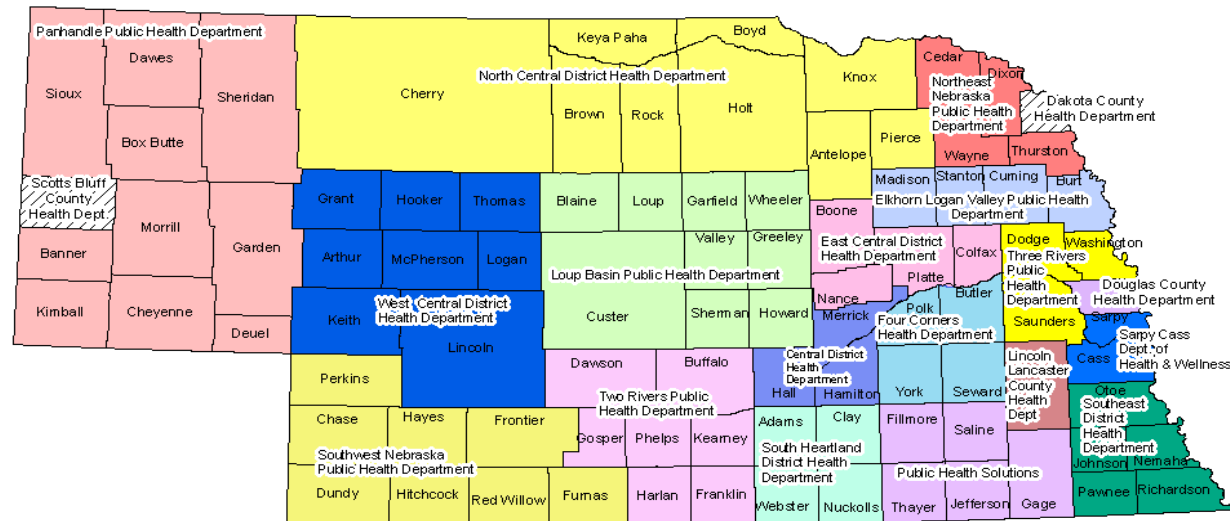
Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local health departments for bioterrorism planning, public education efforts related to West Nile Virus and the Clean Indoor Air Act, Preventive and Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from national foundations and directly from the federal government. It is estimated that the total amount of additional funds that they have leveraged since July, 2002 is over \$7 million.

TABLE 1
Local Public Health Departments Funded Under the
Nebraska Health Care Funding Act (LB 692)

Name	Counties
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health District	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan, Sioux
Public Health Solutions	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health & Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	Arthur, Grant, Hooker, Keith, Lincoln, Logan, McPherson, Thomas

Figure 1
Nebraska Local Health Departments
under the
Health Care Funding Act (*LB 692)



Legend

Solid Colored Areas Represent
Local Health Departments
Eligible Under the Nebraska Health
Care Funding Act (LB 692)

Hatched Areas Represent Local Health
Departments that do not qualify
for LB 692 Funding

*LB 692 passed during the 2001
Legislative Session and provides
funds to qualifying local public
health departments.

Office of Public Health
Nebraska Department
of Health & Human Services System
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TABLE 2

**LB 692 Health Department Payments
July 1, 2004 - June 30, 2005**

District Name	Infrastructure	Per Capita	Total	Population
Central District	\$125,000.00	\$148,384.33	\$273,384.33	71,141
Douglas County	\$150,000.00	\$966,935.42	\$1,116,935.42	463,585
East Central	\$125,000.00	\$109,294.77	\$234,294.77	52,400
Elkhorn Logan Valley	\$125,000.00	\$124,468.81	\$249,468.81	59,675
Four Corners	\$100,000.00	\$94,902.92	\$194,902.92	45,500
Lincoln-Lancaster Co	\$150,000.00	\$522,051.47	\$672,051.47	250,291
Loup Basin	\$100,000.00	\$69,085.14	\$169,085.14	33,122
North Central	\$125,000.00	\$106,549.88	\$231,549.88	51,084
Northeast Nebraska	\$100,000.00	\$68,780.62	\$168,780.62	32,976
Panhandle	\$125,000.00	\$111,503.61	\$236,503.61	53,459
Public Health Solutions	\$125,000.00	\$120,678.94	\$245,678.94	57,858
Sarpy/Cass	\$150,000.00	\$306,461.27	\$456,461.27	146,929
South Heartland	\$100,000.00	\$98,673.99	\$198,673.99	47,308
Southeast District	\$100,000.00	\$83,593.83	\$183,593.83	40,078
Southwest District	\$100,000.00	\$70,103.01	\$170,103.01	33,610
Three Rivers	\$125,000.00	\$155,953.61	\$280,953.61	74,770
Two Rivers	\$125,000.00	\$193,468.42	\$318,468.42	92,756
West Central	\$100,000.00	\$99,109.93	\$199,109.93	47,517
TOTAL	\$2,150,000.00	\$3,449,999.97	\$5,599,999.97	1,654,059

TABLE 3

**LB 692 Local Public Health Departments
July 1, 2004 - June 30, 2005 Expenditures**

Departments:	LB 692 Local Public Health Departments
Total Funds Received:	\$5,599,999.97
Total Funds Expended:	\$7,400,613.64
Budget Period:	July 1, 2004 - June 30, 2005

Line Items	Expenditures
Personnel	\$3,734,054.01
Benefits	\$ 907,715.36
Travel	\$ 195,793.33
Office Expense/Printing	\$ 624,962.65
Communications/Advertising	\$ 161,560.79
Equipment/Construction	\$ 460,773.11
Contractual	\$ 695,412.88
Other	\$ 620,341.51
TOTAL	\$7,400,613.64

Current Initiatives

The activities and programs of the local public health departments are summarized under the three core functions of assessment, policy development, and assurance and the associated ten essential services. The Health Care Funding Act requires the departments to provide the three core functions and as many as the ten essential services as possible.

During the fiscal year July 1, 2004 to June 30, 2005, considerable progress was made in the provision of the core functions and ten essential services. During this year, every new health department demonstrated significant improvement in both the number and complexity of activities and programs. At this point all health departments are providing the core functions and nearly all of the ten essential services. Because of the large number of activities, only a few examples are provided under each of the ten essential services so that the report does not become too lengthy. However, the individual reports are available upon request.

Core Function - Assessment

Essential Service: Monitor Health Status to Identify Community Health Problems

- All of the departments have completed a comprehensive assessment of health needs in their area. This assessment generally includes a household survey to determine individual and community health risks (e.g., tobacco use, substance abuse, physical activity levels, obesity, and environmental quality) and the accessibility of health care services. Many departments have also conducted a youth behavioral risk factor survey and focus group interviews of selected populations. Mortality and morbidity data that have been collected by the HHSS have also been analyzed and used in the local needs assessment.
- Three departments applied a more comprehensive planning approach called Mobilizing for Action through Planning and Partnerships (MAPP). This process not only involves rigorous data analysis, but also extensive input from stakeholders in the development of the strategic plan. Nine other health departments recently began the MAPP process.
- In order to develop more targeted programs, several health departments now have analyzed survey data for racial/ethnic minority populations.
- All departments worked with staff from HHSS to track and monitor various diseases such as tuberculosis, West Nile Virus, and pertussis.

- All local health departments participate in a statewide school surveillance program to monitor and report absences due to illness (e.g., flu, asthma, and rashes). This system allows state and local health officials to respond more promptly to disease outbreaks.
- Most departments also receive reports of work absences due to flu-like illnesses from local hospitals and some businesses. This activity allows the department to work with local businesses and the community at large to make appropriate disease prevention recommendations.
- Several departments are assessing the underage substance abuse problems of students in the 6th, 8th, 10th, and 12th grades to determine the magnitude of the problem and develop programs to address the problem.
- The Lincoln-Lancaster County Health department is working closely with child health professionals to report communicable diseases. These professionals can alert the department about specific disease outbreaks well before health care providers file their reports.
- Several departments have engaged in asset mapping (i.e., the resources and assets that are available to meet health care needs).
- Some departments have conducted surveys to evaluate access to dental services for low-income populations. The West Central District Health Department has used the results of the survey to work with area dentists to help find solutions to the problem.
- Some health departments currently participate in disease registries. For example, the East Central District Health Department has recorded all of their 2,125 immunizations for 708 children on a registry. Several health departments have also received training to report and track communicable diseases and are expected to enter data into a state system called The National Electronic Disease Surveillance System.
- A few departments have used Geographic Information Systems (GIS) to track the locations of West Nile Virus, childhood lead poisoning, and other diseases.
- Several health departments have closely monitored rabies cases in order to better alert the community about potential problem areas.
- The Panhandle Public Health District is part of a coalition that is developing a Panhandle-wide web-based information system called Service Point. Data from multiple providers are currently being entered into the system that will enable the Department to evaluate health status and outcomes.

Essential Service: Diagnose and Investigate Health Problems and Health Hazards in the Community

- Many departments investigated a variety of nuisance problems, including odors, litter, garbage, mold, and unsafe living conditions (e.g., decomposition of abandoned buildings and scrap tires).
- Most departments have conducted numerous infectious disease investigations such as Hepatitis C, rabies, food borne illnesses, and lead exposure.
- Many departments have been involved in the investigation and monitoring of tuberculosis (TB). The health departments coordinate the follow up visits to assure that active TB patients take their medications in a timely and correct manner.

One of the largest investigations was conducted by the Four Corners Health Department. This case involved an individual with an active case of tuberculosis who worked in a local business. This investigation required testing 63 workers and 19 of these individuals required medication observation to assure that the medications were taken appropriately. Four Corners worked with several partners, including the Central District Health Department, a hospital and physician's clinic, local interpreters, a local business, and the Health and Human Services System to contain this outbreak. This partnership worked together over a six-month period to resolve this situation.

- Most departments provided identification and surveillance of public health threats and emergencies such as the number of dead birds testing positive for West Nile Virus, possible exposure to rabies and lead poisoning, testing for high radon levels, and E-coli outbreaks.
- Some departments monitor and investigate sexually transmitted infections and sexually transmitted diseases. Staff conduct interviews of both the individual and the sexual partners and provide or refer follow up treatment.
- All departments assisted HHSS via the Health Alert Network to determine the amount of influenza vaccine that was available in November of 2004. Once, the vaccine was identified, it was redistributed to meet the needs of high risk groups.
- Some departments were involved in the investigation of toxin producing algae. These investigations were instrumental in closing the affected lakes for recreational use and in decisions concerning drinking water safety.

- Nearly all departments were involved in the enforcement of the Nebraska Clean Indoor Air Act. Businesses were given copies of the law as well as information about how to comply with the law.
- A few departments provide testing and counseling for HIV. For example, of the 200 individuals tested by the East Central District Health Department, 60 percent were determined to be of high risk of acquiring HIV. Many of the individuals tested were intravenous drug users with their drug of choice being methamphetamines. Department staff provided either an anonymous or confidential test with the client determining which type of test he/she preferred and which prevention skills he/she was willing to attempt to reduce the probability that they would eventually acquire HIV.
- All departments follow up on various health problems. For example, a warning flag went up in the Oakland community after a half dozen people in Burt County were diagnosed with a particular type of cancer. Staff at Elkhorn Logan Valley Public Health Department were approached to see if there could be a definitive environmental basis for the rise in cancer cases. The state's epidemiology department was contacted and went to work, comparing the statistics for Burt County with those from across the state, and determined that the number of cases were within a standard range, alleviating the fears of those who posed the original question.
- Douglas County has contracted with a refugee resettlement agency to hire an outreach worker to assist in the control of tuberculosis and other infectious diseases in the Sudanese community. This individual assists the department in providing culturally appropriate disease information (in both written and oral formats), provides transportation of patients to physicians' offices for diagnosis and testing and provides therapy for tuberculosis. The outreach worker is available to assist in any infectious disease situation occurring in the community.

Several months ago the Douglas County Health Department received a call from a resident who was about to close on a piece of property which she said had some water damage and mold. Staff from the Department suggested that she have the seller repair the mold problems before she closed on the property. She didn't want to do that because she didn't want to stall the closing. She indicated that she had called a local environmental clean up company who told her that it would cost her thousands of dollars to remediate the mold. She wanted to know if it was too dangerous for her to have her maintenance man do the clean up. She said the environmental company had quoted her a price of \$500 to hepa-vac a 10 foot by 10 foot room. It was suggested that she go to Home Depot or Lowes and purchase a hepa-vac for much less money and remove the drywall herself. A staff person from the Department went to the property on two occasions to give advice to the maintenance man on what to remove and what could be cleaned. The property owner was very thankful and very happy the county had such resources to help homeowners with mold problems.

Essential Service: Inform, Educate, and Empower People About Health Issues

- All health departments provided information about the public health functions and activities at county commissioner/supervisor meetings, community forums, and other meetings.
- All departments have informed and educated the public about West Nile Virus, radon, child care safety seats, dental health/fluoride, seat belt/helmet restraint usage, childhood lead poisoning, nutrition/obesity, tobacco use, immunizations, HIV, prenatal care, and well-child checks.
- Douglas County has implemented an outreach program to minority populations utilizing community health workers to provide health education to hard-to-reach members of four minority communities. The four target groups are African American, Sudanese, Hispanic, and Native American. The Department has contracted with the Chicano Awareness Center, the Nebraska Urban Indian Health Coalition, the Southern Sudanese Community Association, and the Women's Health Center, in collaboration with New Creations, to provide outreach services and education. The agencies participate as members of a community outreach committee, which has the responsibility to collectively monitor, guide, and assess the progress of the program. The outreach projects are addressing diabetes, nutrition, exercise, substance abuse (including tobacco), teen pregnancy (which includes risk factors for infant mortality), obesity, cardiovascular disease, infectious disease, and hypertension. A total of 4,225 people have been reached through this project.
- Several health departments have provided information and education about the prevention and management of various chronic diseases. For example,

both East Central and Lincoln-Lancaster have programs related to diabetes. Other departments have developed awareness and outreach efforts directed at reducing breast and cervical cancer, colon cancer, and heart disease. Many of these educational messages have been translated into Spanish.

- Local health departments have worked with schools to inform the public, through the media, about children's back to school vaccinations and why immunizations are needed.
- Some health departments have worked with local businesses to help design and deliver worksite wellness programs.
- All departments have provided education about programs that encourage physical activity for both adults and children. Lincoln-Lancaster has developed a web site that provides information on how to start a physical activity program, a current listing of organizations that provide physical activity programming, and events in the community that focus on physical activity.
- Considerable education has been provided to expectant mothers and those who have delivered their babies by the East Central District Health Department. This education may include what to expect during pregnancy, how moms and babies' bodies change month-to-month, how to care for the baby once it is born, and the benefits of breastfeeding.
- Several departments have assumed a leadership role in building coalitions that develop substance abuse education programs. For example, in the North Central District Health Department area, coalitions are working on developing programs that change the community norms that underage drinking is acceptable as long as it is monitored.
- A few health departments are working with local ambulance service units to assess current problems and to develop strategies to improve the overall functioning of the system.

Core Function - Policy Development

Essential Service: Mobilize Community Partnerships to Identify and Solve Health Problems

- Many health departments are collaborating with a variety of agencies and organizations, including head start programs, child abuse coalitions, hospitals, physician clinics, emergency management agencies, police and fire departments, community action agencies, area health education centers, churches and health ministries networks, community learning centers, mental health agencies, and racial/ethnic minority organizations.
- The Four Corners Health Department played a key role in the development of the End of Life Coalitions in both Seward and York to improve the quality of care for those in the last stage of life and their families - this holistic approach looks at the physical, psychological, spiritual, and emotional aspects of well being.
- The Panhandle Public Health District has contracted with local providers to help provide a range of services, including prescription drug assistance programs, health screenings, educational meetings, immunizations, parish nursing development, and continued involvement and support for the county prevention teams.
- The flu vaccine shortage experience in fall 2004 provided an opportunity for all departments to develop new relationships and strengthen existing community partnerships. Faced with a limited number of doses of flu vaccine, they took the initiative to determine first of all how many high risk residents were in need of vaccine and secondly, how many doses were available. Physician offices, area hospitals, nursing homes, and local pharmacies all worked cooperatively with them to resolve the problems created by the shortage. Media partnerships were formed as a means of providing accurate and timely public information.

When speaking about success, "Community Approach" is most assuredly Loup Basin Public Health Department's (LBPHD) key to the many accomplishments of the Smoking Cessation Program. Capitalizing on the talents and resources in communities throughout the district has been the integral factor in bringing smoking cessation services to the large nine-county area that essentially was not served in the past. Valley County Health System, Howard County Community Hospital Foundation, Loup City's Rose Lane Home, Community Memorial Health in Burwell, and Central Nebraska Community Services all partnered with LBPHD to form the Tobacco Cessation Council.

The Partners have attended trainings to provide smoking cessation classes, telephone counseling to those who want to quit, and guidance on policies, procedures, and work plans. They have shared outreach strategies and focused on the target populations (women 40-64, health providers, pharmacists), and others who want to quit tobacco use.

The "community approach" has brought together a group of individuals who have a common passion, helping those addicted to tobacco change their lives and save their lives. The partnerships that these groups have formed ensure that public health needs in the district will be met. To have such strong community partnerships is a success story for the Loup Basin district that will impact communities for years to come.

- Lincoln-Lancaster County Health Department is providing introductory training sessions about its programs and capabilities to new fire captains and new police and sheriff meth lab responders. This allows new officers to determine what the Department can do to assist them in the field, when to contact them and what methods to use. This introductory training includes hazardous materials, water, air, special waste, sanitation, and enforcement programs.

Real partnerships between agencies increase the options that individuals have to meet their needs. This story was provided by the East Central District Health Department.

Maria came to this country seeking employment so she could provide a better life for herself and a means to provide for her children who remain in Mexico with her extended family. She arrived at the clinic seeking information about how to terminate an unplanned pregnancy that occurred during her travel to the United States. During a conversation with the OB nurse and coordinator she revealed that she feared the pregnancy would require her to return to her country as she had no job and no way to cover medical expenses. She was currently staying with people she had only recently met who told her she would not be able to stay for very much longer. She had been informed that the health department might be able to provide information for her and that there were bilingual staff available there. To get to the clinic that day she received a ride into Columbus to a local industry parking lot, sat in the car until she thought the clinic was open, then walked several miles on the highway to the clinic in 20-degree temperatures, wearing a light jacket. Staff assured Maria that there was medical care available to her and her unborn baby. She completed a pregnancy test through the Center for Family Health and then enrolled in the Medicaid Program with the PHONE nurse. After educating Maria on medical care in the area, she chose to begin care with Dr. Johnson through the OB program with GNCHC and was able to find employment and stable housing with the help of the NAF program. Maria now looks forward to the birth of her child without fear and to the day she can bring her other children to live with her.

Essential Service: Develop Policies and Rules that Support Individual and Community Health Efforts

- All departments are working with emergency management program directors to develop the public health section of the Local Emergency Operations Plan (LEOP).
- Some departments are providing technical assistance to local communities that are interested in revamping their local ordinances (e.g., trash, leash laws, appliances, and junk vehicles) to improve the health of their community.
- The Central District Health Department (CDHD) participated in on-going community discussions related to policy designed to create a public smoke-free environment for the city of Grand Island. CDHD staff visited area bar and restaurant owners to listen to concerns and educate them regarding the benefits of smoke-free public places. CDHD hosted two community forums, giving those in favor as well as those opposed to a smoke-free ordinance an opportunity to have their voices heard. Following these activities, CDHD

submitted a report to the Grand Island City Council along with the recommendation that the Council pursue a policy creating a smoke-free environment in all public places.

- Some departments are in the process of developing local quarantine and isolation ordinances. These ordinances will allow local officials to respond more quickly to a serious disease outbreak.
- All departments are working with HHSS to develop a plan to address the public health response to natural and man-made (bio-terrorism) disasters. The response plan includes aspects to handle early detection, response and notification, risk communication, environmental safety, quarantine, and mass vaccination/dispensing clinics.
- The Elkhorn Logan Valley Public Health Department is working with the public water system operations in the development of emergency response plans for their water systems. The completed plan outlines how a public water system would respond to a break in its system, contamination of the system, or an incident that shuts down the system. The plan details how information would be provided to the public and how portable water would be distributed.
- The Lincoln-Lancaster County Health Department has written a policy on the appropriate use of the hazardous materials storage facility. This policy was reviewed and accepted by local law enforcement agencies that are involved in clandestine methamphetamine laboratory waste management. With development of this policy, local law enforcement staff now have access to the facility for the regional methamphetamine waste storage programs sponsored by DEA.

Core Function - Assurance

Essential Service: Enforce Laws and Regulations that Protect Health and Ensure Safety

- Nearly all health departments have conducted inspections for compliance with Nebraska's Clean Indoor Air Quality laws.
- Three health departments inspect food establishments, swimming pools, and septic tanks. All other departments notify the appropriate state agency (e.g., the Department of Agriculture) when a problem occurs.
- Some health departments have notified non-compliant tuberculosis patients of the rules and regulations that must be followed (e.g., quarantine).
- The Lincoln-Lancaster County Health Department has enforced child-care ordinances. As policies and procedures were implemented, there were fewer illnesses, injuries, and reported sick days. A total of 1,360 children and 351 professional child-care staff were impacted by these efforts.
- Environmental staff from three departments perform numerous water tests for coliform, nitrates, fluoride, hardness, and pH. These samples include both public and private wells.
- The Lincoln-Lancaster County Health Department was involved in a serious incident in the Mayor's Office. This incident involved the receipt of letters sent to the Mayor and Police Chief of Lincoln. The letter sent to the Mayor's Office was opened by staff and mercury was released in the office. Staff oversaw the environmental remediation of the office and also provided testing and clearance of the Mayor's staff members' clothes, car, and home.

Essential Service: Link People to Needed Medical and Mental Health Services and Assure the Provisions of Health Care When Otherwise Not Available

- All departments receive calls from people requesting assistance for medical, dental, and mental health services. Referrals are then made to the appropriate clinic or agency.
- Many departments have contracted with the United Way to provide a 211 Information and Referral Hotline. The hotline provides 24 hour, bilingual information to individuals who seek referrals for health and human services. The Northeast Nebraska Public Health Department and the North Central

District Health Department have prepared a directory of health and human services providers that includes descriptions and contact information.

- Several departments either directly provide or have contracted with other agencies to expand funding for public immunization programs.
- The Three Rivers Public Health Department is working with the Eastern Nebraska Office on Aging to provide services such as blood pressure readings, blood sugar readings, and health education to older adults in Dodge and Washington Counties.
- The Four Corners Health Department and the Panhandle Public Health District have helped develop medication assistance programs. The public health nurse with Four Corners provides the client with information about the medication assistance programs offered by various pharmaceutical companies. These programs offer free or low cost medications for people with lower incomes.
- Several departments have helped expand dental services for residents with lower incomes. For example, both the Douglas County and Lincoln-Lancaster County Health Departments have expanded dental services in their dental clinics. Other departments such as Two Rivers continue to participate in a Dental Day with the UNMC College of Dentistry by providing care to unserved and underserved children.
- The West Central District Health Department continues to offer free dental screening for low-income populations because no dentists in the area were accepting Medicaid patients. The program offers free screening, treatments, and oral prophylaxis. Thus far, eight dentists have volunteered their time for this program.
- All departments are improving access to care for Medicaid and Kids Connection clients through the Public Health Outreach and Nursing Education Program (PHONE). This program is operated through a contract with the state Medicaid office. It is designed to increase access to health care services for those eligible or potentially eligible Medicaid or Kids Connection individuals by helping them to find medical, dental, or vision homes. The PHONE nurse can assist with the application process and provide education on accessing appropriate levels of medical care. The nurse is also responsible for identifying barriers to receiving care and providing assistance in overcoming these barriers.
- Several departments provide nursing services for the inmates in the jails and detention facilities. Public health nurses consult with correctional officers regarding the medical needs of inmates and dispense medications.

- The West Central District Health Department provides support of the chronically mentally ill through the Med Box Program. The support services involve assistance with medication compliance, side effects, and the need for medication changes.
- The East Central District Health Department (ECDHD) has the Good Neighborhood Community Health Center, which provides general medical care to individuals of all ages on a sliding fee schedule. In the calendar year 2004, the CHC served 2,595 medical users, including 76 pregnant women. Out of the total number of medical users, 22 percent were less than 15 years of age, 63 percent of all users were minorities with 61 percent being non-English speaking, 95 percent were under 200 percent of the federal poverty level, and 62 percent were uninsured. All types of primary medical care and mental health care were offered.

Sue (name changed) a 40-something Hispanic woman, had been coming to the Center for Family Health for 3 months when our doctor and nurse identified she had a two hour post-prandial blood sugar of over 450. Even though the client was not scheduled for services with the Good Neighbor Clinic, she was worked in to their schedule and in less than 3 hours she not only received her scheduled gyn service, but also a clinician visit for her blood sugar, nutrition counseling, medications, and education on how to use a glucose monitor. Through collaboration with the ECDHD Wellness Center, the client also left with a glucose monitor and strips for home use. The client has returned for follow up and her glucose levels are improving.

Maria (name changed) was referred to us for routine gyn services from Good Neighbor where she had been receiving care for hypertension and diabetes. During her intake session with the Center's nurse, she became tearful, stating she felt overwhelmed by health issues, and the stress of immigrating to a new country. She expressed a need for help and was walked by the nurse back to the Good Neighbor Clinic, where she was worked in and seen by both the clinician and Mental Health Services. Maria received anti-depressants and counseling. Shortly after her annual exam, Maria received news her mammogram was abnormal and she would need an ultrasound and possible breast biopsy. Staff enrolled her in the Every Woman Matters Program and helped make her appointments. During her visit to find out the results of her mammogram she stated she would never have been able to handle the diagnosis had she not first dealt with her depression. Maria has completed her initial follow up for the abnormal mammogram, which was benign and comes regularly to monitor her other health issues. When she comes in for her visits, she has a smile on her face and has commented many times that she is glad we took the time to treat her as a whole person and not just her diabetes or her high blood pressure.

Essential Service: Assure a Competent Public Health Workforce Within the Health Care Industry and Public Health Departments

- Staff from health departments have attended a variety of training sessions in this past year. These include bioterrorism and emergency preparedness planning, table-top exercises, West Nile Virus surveillance, new infectious diseases, STD and communicable diseases, and media risk communication.
- Several staff from local health departments completed an eight-day epidemiology course. Participants learned how to investigate and recognize health hazards in the community and how diseases are formed and spread.
- Health department staff have provided many educational materials, information, and training to other members of the public health workforce. For example, they have provided information to physician clinics about prenatal tobacco cessation programs and best practices in asthma treatment and management. Workshops for other health care providers have been held on a variety of topics.
- Workshops were organized by the Elkhorn Logan Valley Public Health Department to educate realtors and those in the building trades (contractors, plumbers, electricians, and carpenters) about radon resistance new housing or remediation for existing homes. In this way, those who work in the housing market with the general public will be knowledgeable about the adverse effects of radon.
- Staff from the Northeast Nebraska Public Health Department have trained over 50 health professionals in Nebraska to use CDCynergy-social marketing software programs. These programs are very helpful to local health departments and other organizations in their program planning processes.
- The Lincoln-Lancaster County Health department has completed a "Public Health Information Competencies Training Proposal". This proposal includes a curriculum for learning objectives, outcomes, and measurement guidance.

Essential Service: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments

- The East Central District Health Department monitors the direct medical services provided on a daily basis to identify trends in local pathologies, evaluate the performance of providers, and identify areas of improvement. The Department also uses client satisfaction surveys to evaluate services in several clinics.

- Two departments have applied the National Public Health Performance Standards that were developed by CDC and other national organizations. These performance standards allow them to evaluate the effectiveness of the local public health system. Nine other departments have begun this process.
- All health departments regularly review the goals, objectives, and outcomes for all of their grant programs. The major findings are shared with the Boards of Health.
- The Panhandle Public Health District is working with the UNL Policy Council to evaluate the programs that are aimed at reducing underage drinking in the region.

Essential Service: Research and Gain New Insights and Innovative Solutions to Health Problems

- Although no major research projects have been undertaken with institutions of higher education, the health departments are collecting and analyzing new data that eventually can be used by the research community. One of these innovative approaches is the use of GIS. Departments such as the Southeast District Health Department have used GIS to map post offices, schools, fire stations, local police, nursing homes, hospitals, EMS units, and day care centers. GIS allows the departments and others to pinpoint disease and food-borne illness outbreaks and generate more rapid response patterns.

Innovative solutions are often the norm to solving public health problems. The flu vaccine shortage in the fall of 2004 presents a prime example of innovation at its best. After the shortage was announced, all departments took inventory of what vaccine was available in their district, and how many doses were needed. For example, the Central District Health Department (CDHD) found that there were approximately 7,300 doses available for a high-risk population of 10,600. CDHD worked closely with medical providers to educate and advise on appropriate administration of available doses to high-risk residents. Then CDHD staff redistributed CDHD vaccine to area providers to assure high-risk administration. CDHD secured doses of Flu Mist, a new type of flu vaccine administered intranasally. Use of Flu Mist in low risk persons is an innovative way to reserve flu shots for those considered to be high risk. CDHD designed and implemented a "Know When to Pass" campaign designed to educate individuals on whether or not they should seek a flu shot based on risk status. CDHD worked closely with HHSS to obtain additional doses in order to cover all high-risk residents of the district. When all high-risk groups had been addressed, CDHD staff had remaining vaccine. In an effort to help its neighbors, CDHD staff traveled to neighboring health districts and provided vaccine and staff to reach high-risk persons in those areas. In the end, CDHD assumed responsibility for over 14,000 flu shots. Using innovation and initiative, and through collaboration with the HHSS and neighboring health districts, CDHD resolved an urgent health problem.

Conclusion

During the fourth year of funding and the third full year of operation, considerable progress has been made in the development of local public health departments throughout the state. As required under the Nebraska Health Care Funding Act, every department now provides all of the three core functions of assessment, policy development, and assurance. In addition, most departments provide nearly all of the ten essential services. They appear to be allocating their funds based on health needs and priorities and are collaborating with many organizations and coalitions in their areas. They have assumed a key leadership role in the coordination and planning of health services and have collaborated with emergency management organizations to plan for emergencies and bioterrorism events. Finally, the departments are beginning to provide new services where there are major gaps. Some of these gaps include the tracking and monitoring of infectious disease outbreaks, identifying and following up with individuals who have communicable diseases, and offering a wide variety of health promotion and disease prevention programs.

Public Health Stories

In order to put more of a human face on public health, the following short stories have been included in the report. These stories cover a variety of issues and problems, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

Lincoln-Lancaster County Health Department Response Hurricane Katrina

Local health departments (LHD) are gaining respect and credibility for the role they play, not only in the every day lives of people but also during times of disaster and emergency response. That could not be more true with the recent response to Hurricane Katrina and other natural disasters. Local health departments are no longer a player in the background or secondary responders. They have become leaders and first responders and are often first on the call list of local, state and federal officials.

Local public health departments are dealing with the aftermath of Katrina all across the country. "From addressing environmental threats to health in devastated areas to meeting the needs of displaced residents who find themselves far from home, local health departments are playing an active and vital role in the response and recovery." (NACCHO web site, September 2005).

In Lincoln, Nebraska, and ever since September 11, 2001, the Lincoln-Lancaster County Health Department is one of the first agencies to be contacted during an emergency, man-made or a natural disaster. This has also been in the plan of action when our community prepares for and goes through multi-agency exercises that involve terrorist events and emergency preparedness. The LLCHD has an equal role and voice on the unified command teams and are often the first department sought out when assessing a response to a potentially dangerous situation.

This is not surprising since public health has such a broad scope and impact. When responding to the aftermath of a major disaster, many issues come into play and with Katrina, the public health impact was tremendous.

Lincoln has seen approximately 110 families (evacuees) relocated throughout the community. When the health and human service agencies and organizations were called together, it quickly became apparent that some of the most immediate needs fell in the lap of the public health department. While we weren't always the direct service providers our staff made the referrals and appropriate community connections that assured public health and safety. This included: access to health care, getting prescription medications filled, replacing lost eye glasses, responding to issues of health care coverage including Medicaid and Medicare, assuring primary and dental health needs, housing, food and transportation.

There were other issues that required immediate attention including employment, behavioral health needs and personal identification. Public health officials sat side by side with all the other health and human service providers and fulfilled a role that was not always considered to be the "job" of a local health department. This is not just a Lincoln, Nebraska story; this scenario has repeated itself all over the country. When you ask yourself, "What makes the difference in a local health department's ability to fulfill

its core functions and essential services?" The answer is a combination of things. Certainly one of the major factors was the decision to appropriate funds from the Nebraska Health Care Funding Act to build public health infrastructure across Nebraska. That single decision made way for local health departments to step up and play a vital role in helping communities respond to unfortunate catastrophes like Katrina.

Elkhorn Logan Valley Public Health Department Story I

As expected of any agency that operates in a highly competitive market in tight economic environment, sometimes health care facilities are envious when patients are attracted to take their medical charts – and business – to another facility. Sometimes bringing together these neighboring rivals in a collaborative project doesn't make a good alliance. That was not the case in Northeast Nebraska this year, however, when three hospitals with overlapping service areas collaborated on a program to bring cancer awareness and education to both the public and health care providers.

Representatives from each of the three hospitals met initially when agreeing to serve as members of the Elkhorn Logan Valley Public Health Department's Board of Health. This groundwork was built upon when the opportunity to work together on several projects arose. A coalition was formed, bringing together and significantly cementing the relationship between St. Francis Memorial Hospital, West Point; Oakland Memorial Hospital, Oakland; and Faith Regional Health Services, Norfolk during the infrastructure building process for a C.A.R.E.S. grant on cancer awareness.

The coalition has been a beneficial relationship in which the hospitals have worked together for a common cause, educating residents and health care professionals alike. Presentations were given by all three hospitals at varying locations, offering a variety of opportunities for attendance. The planning team was able to share resources in the way of information and speakers, and the public and health care professionals had a choice of events to attend. Two of the hospitals collaborated on a health professional training, and made the dates and times known to partners so that if a nurse, for instance, wanted to attend training and was unable to access a particular date or site, s/he could attend another educational forum planned by a partner.

STORY II

Phenomenal growth in programming, future expansion and client privacy issues are all factors that played into the decision made by Elkhorn Logan Valley Public Health Department to build a new facility near Wisner.

This was a collaborative project, with the City of Wisner's property annexation and street and utilities placement and Wisner Economic Development's sale of the land for a miniscule \$1.00, generous and far-sighted expressions by both of their dedication to community betterment.

"The new office will provide sufficient and ADA compliant workspace for as many as 15 people," Health Director Kathy Nordby said. "The space will allow for protection of sensitive client health information, and will house a community-use meeting room with

a planned T-1 access line for enhanced use of technology resources to serve the agency and community as a whole."

As an illustration of the Health Department's phenomenal growth, in two year's time the agency has grown from hiring one employee to employing seven full-time staff, plus three part-time staff in the field. An agency which closely follows non-discrimination procedures, a number of minority employees are employed. Beyond providing ever expanding employment opportunities for the community, the agency is known to be proficient at grants management, currently – in only a two-year time span – having brought an estimated half million dollars in grant-funded programming to the area.

The agency is an active force in its communities, bringing health and wellness programs to schools, senior centers and the workplace. As an example of the way the agency works to meet the needs of its constituents, its diabetes screening and education program meets people where they live, testing blood sugar levels of farmers at chemical training meetings, school children in the classroom, and senior citizens at senior centers and health fairs. In addition, the agency partners with existing programs and organizations to maximize resources, ranging from physical activity and nutrition presentations in the schools to working with neighboring agencies to planning for natural and bioterrorism emergencies with local fire and rescue teams, testing for tuberculosis and other communicable disease, offering radon kits to test for indoor air quality, and enrolling children in the state's Kids Connection program for the uninsured.

In order to continue to offer this type of programming and also expand into future areas, the agency has chosen to build a new building, designed with potential for growth. The office space will provide ADA compliant workspace for as many as 15 people, protection of sensitive client health information, and a community-use meeting room with a planned T-1 access line for enhanced use of technology resources to serve the agency and community as a whole. The building selection will allow flexibility for continued growth plus is large enough for the immediate future with flexible inner space to increase staffing in the near future without another relocation of the agency.

Northeast Nebraska Public Health Department A Case Study in Infectious Disease

Perspectives from a Patient

Imagine yourself in a foreign country, unable to speak the local language. You have no formal education and cannot read or write even your native language. You are able to obtain work in a rendering plant, with others who are able to translate languages for you. You feel fortunate to be able to earn wages that provide money for rent of a private bedroom with shared kitchen and bathroom (\$150/month), for food, and to pay for gas in someone else's vehicle so that you can share transportation. Every month, you send a significant portion of your paycheck back to your home country in Central America to support family members who depend upon that money for their basic needs and for survival.

You begin to experience health problems: extreme weight loss, lesions on your legs, ankles and feet, fever, malaise, etc. Your health is deteriorating and you weigh less than a hundred pounds. You are too weak to work. A coworker takes you to a medical clinic. The physician sends you to the hospital in a larger town 30 miles away because the doctor thinks you might have a rare form of cancer. You are able to pay the clinic for the exam but you do not have health insurance that will help you pay for a hospital bill.

At the hospital, several doctors examine you and diagnose a tropical infectious disease: leprosy. The hospital stay is for 12 days, where you receive blood transfusion, are placed in isolation, and have to ingest over 15 types of medicine each day. After the 12 days, the hospital is going to send you home but you are too weak to walk up your steps to your bedroom. Friends transport you and help you up the stairs.

The men who share your apartment are friends, but are apprehensive of your disease because they are afraid they might become infected too. You are convinced that someone in your native country has cursed you with bad medicine and that no matter what you do, no matter what medicines you take, you are going to die from this hex.

You begin a slow recovery after several weeks. You do not qualify for Medicaid because you are not a U.S. resident so you are out of money. You begin receiving enormous medical bills. You offer to pay \$50 per month. The hospital says it is not enough.

Someone has paid for the rent before you can get back to work. Others have brought you food. You are very appreciative for the kindness of others. Eventually you return to work where someone has replaced you in your job, but the employers have found another, less strenuous job for you. You continue with your medicines because the Local Health Department has a Health Promotora observe you taking your medicines

every day. You still doubt that the pills work but you want to cooperate. You continue to have painful symptoms, which require doctor visits. And life continues...

Perspectives from the Health Department

The Health Director was attending meetings at the Cornhusker Hotel in downtown Lincoln when the Nebraska State Epidemiologist contacted her in person. He had just received a phone call from an infectious disease medical specialist in Sioux City reporting a case of leprosy in a patient who lived in the Northeast Nebraska Public Health District. The Health Director's knowledge of leprosy is that it is an infectious disease with historical ties to biblical stories, but rarely found today in the midwestern states. A copy of the Control of Communicable Diseases Manual was immediately consulted to read about leprosy.

Northeast Nebraska Public Health Department, the smallest of the new LB 692 health departments, has minimal staffing, and does not provide direct care or home health care services. Nevertheless, the mission is to prevent the spread of disease, so the staff developed a case plan for this new patient. Donations of food and money are found from generous individuals, since the patient does not qualify for any entitlement programs.

Consultations with the Health Promotora from the minority health initiative grant program at a neighboring health district were initiated. The Health Promotora, formerly a physician in her native Central American country, makes frequent visits with NNPHD staff to help set up medicines, food, rent, etc. for the patient. She also accompanies the patient to doctor visits for translation and other health literacy purposes.

The case described above actually happened in the spring of 2005 and will be ongoing for two years. Prior to the year 2000, there were no public health departments to address situations such as this in the four county area of Northeast Nebraska Public Health District. It would have been difficult for home health services to see this patient due to a lack of third party reimbursement and the language barriers. The Northeast Nebraska Public Health Department met the need that obviously existed for this very needy person.

Panhandle Public Health District

The PPHD board of directors is committed to work with community partners and enhancing existing structures through resources and support. The model that is often used is observing what is going well in one location and replicating that system throughout the area.

Several years ago, Kimball County Health Services, Garden County Health Services, and Morrill County Hospital developed the functions of health navigators. The health navigator did just what their name suggests ... they helped patients navigate through the system from the appointment to receiving prescriptions, to follow-up. What was discovered is that many people were having to go without their prescription drugs because they couldn't afford them.

These three hospitals developed systems so that patients qualifying for the benefit could receive pharmaceuticals free from the drug companies. No longer were people having to decide between food on the table or prescription drugs.

PPHD has encouraged the replication of this system through contracts with area health systems. They provide the staff and time, and we provide the training and information system and a little bit of money to help support the staff person's time. In most cases however, our community partners have more than equally contributed to the success. Since the first of February, over \$150,000 worth of prescription drugs have been brought into the Panhandle. These are drugs for chronic disease management in most instances. This isn't taking away from the revenue of the local pharmacy, as these are drugs that were prescribed but never filled.

This has been a win-win for everyone. Better health outcomes for the patient, more controlled disease management for the health providers, and a wonderful return on our investment.

Three Rivers Public Health Department Continued Development of the Local Disease Surveillance System

In August of 2005, Three Rivers Public Health Department received notification through the National Electronic Disease Surveillance System (NEDSS) of a positive case of hepatitis A in a male residing in Saunders County. Through investigation of the case, which involved telephone calls and a home-visit, Three Rivers' staff learned that there were household contacts, and one had classic hepatitis A symptoms, his wife. The couple's two children, although potentially exposed, were not symptomatic during investigation. The family's physician tested the man and the woman, and while the man's test was positive, the woman tested negative for the virus.

Using the incubation period, and period of communicability, the surveillance staff at Three Rivers determined that the likely period of exposure differed for the husband and the wife, and that the wife's potential illness was the result of contact with the husband. It was possible that, at the time when she was tested, she hadn't built up enough hepatitis A antibodies to produce a positive test result. Considering this, Three Rivers' staff requested an additional blood test on the woman, which turned out to be positive.

Once Three Rivers received word that the second test came back positive, Three Rivers made arrangements for the couple's two children to receive immunoglobulin shots. Because they were administered early enough they prevented the development of hepatitis A, even if they were exposed.

As another way to prevent the spread of hepatitis A and to educate the people who were contacts of the original case, Three Rivers' staff, along with a Spanish-language translator, went to the workplace of the original case. The business supervisor gathered the staff together, and in an anonymous presentation, Three Rivers educated on the virus and its modes of transmission, stressing good bathroom hygiene. Bilingual handouts on the topic were distributed, and Three Rivers conducted quick surveys on the staff to screen for hepatitis A symptoms. None were reported.

This experience was a good example of how Three Rivers is putting their ever-growing knowledge of disease investigation and epidemiology into practice. Through experience and education opportunities, such as the intensive Applied Epidemiology Course, offered by the Center for Bioterrorism Preparedness, Three Rivers is becoming an important main-stay in the community by filling a gap which isn't being filled by any other local agency. We believe that the prevention of disease, disability and death is what public health is all about.

Two Rivers Public Health Department 2004 Nebraska on the Move Kids Fitness and Nutrition Day

The first annual Nebraska on the Move Kids Fitness and Nutrition Day (NOMKFND) was developed through collaboration between Nebraska On the Move, the University of Nebraska at Kearney (UNK), the Nebraska Beef Council, and Two Rivers Public Health Department. Planning began in the fall of 2003 when Renee Steinkruger of NOM, Kate Heelan of UNK, Kaite Roehr of the Nebraska Beef Council and Gina Mastin of Two Rivers met to develop a program for kids that encouraged physical activity and healthy eating habits among young students. NOMKFND's goal was to address Nebraska's obesity crisis by providing students with a variety of noncompetitive physical activities as well as basic nutritional educational information to help them in making healthier lifestyle choices.

The first annual NOMKFND was held on Friday, October 15, 2004 and targeted 4th grade students in 15 grade schools in Buffalo County. Seventy-five volunteers including UNK athletes, students, Two Rivers Public Health Department staff, and community members wearing event tee shirts arrived at 7 a.m. on a cool, cloudy day to set up the stations and oversee the events. The 455 enthusiastic students, 42 teachers and 28 parents arrived in buses before 9 a.m. and were seated in the football stadium to open the day. The students were split into two groups for the day's activities. Half of the students stayed for the physical activity stations and half went to Cushing Coliseum for the nutrition education. The groups were to trade places following the lunch break. 14 physical activity stations were spread across the newly installed turf of Foster Field and included activities like an obstacle course, parachutes, and jump ropes. The UNK baseball team, in uniform, was a big hit! Five nutrition education stations, which included presentations on healthy snacks, energy balance, soda pop and high sugar foods were held inside Cushing Coliseum. A healthy sack lunch including Nebraska beef sandwiches was served in the UNK Sports and Fitness Center on the Loper basketball court with no spills! Rain necessitated a quick change in outdoor activities' location and all fitness stations were quickly moved into the Sports and Fitness Center during the lunch break. The noise level increased dramatically and the kids wound their way through the building with no decrease in their enthusiasm, or that of the student volunteers. It was a wonderful day that was enjoyed by all that participated, both students and adults alike. Pedometers and gift bags were provided to all of the students by Two Rivers. The thank yous we received, both written and verbal, and media attention were an added bonus to the day.

This year's plans for NOMKFND 2005 include expanding the program into multiple sites across Nebraska including Hastings, North Platte, and Chadron with assistance from district health departments and colleges. UNK and Two Rivers have invited students from all seven counties covered by the Department (Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps) to participate in the NOMKFND 2005 in Kearney and will having a lottery to host 600 4th graders on September 16, 2005 with hopes of a day

with no rain! We will be utilizing grant funding from HHSS Cardiovascular Health program to help with the expenses. Rain or shine, we know the day will be enjoyed by all who attend!

